

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
10 1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7	1						57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13	1						63								
14		1					64								
15		1					65								
16		1					66								
17	1						67								
18		1					68								
19		1					69								
20		1					70								
21		1					71								
22		1					72								
23		1					73								
24		1					74								
25		1					75								
26		1					76								
27		1					77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		1					82								
33	1						83								
34		1					84								
35		1					85								
36		1					86								
37		1					87								
38		1					88								
39	1						89								
40		1					90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	11						TOTAL IND.								
TOTAL DEP.	129						TOTAL DEP.								
TOTAL CLAIMS	140						TOTAL CLAIMS								